



**Iowa Department of Public Health  
Office of Problem Gambling Treatment and Prevention  
January 2013**

**Gambling venues in Iowa**

During the past 20 years, Iowa has seen a dramatic increase in gaming opportunities. As of 2013, Iowans can choose from 18 casinos licensed by the Iowa Racing and Gaming Commission, 3 tribal casinos, 2,400 lottery outlets, over 3,000 social and charitable gaming licenses, and countless internet and other illegal gaming opportunities. The cumulative effect of this increase is easy access to gambling in every county of the state.

**Problem gambling defined**

For most people, gambling is recreational. However, for some people, gambling leads to serious problems. Problem gambling means participation in any form of gambling activity that creates a negative consequence to the gambler or to the gambler's family, employer, or community. The adjacent table identifies the signs and symptoms of problem gambling.

**Overview of services**

Services funded through IDPH's Office of Problem Gambling Treatment and Prevention are guided by a public health approach that considers biological, behavioral, economic and cultural determinants that influence gambling and health. This approach incorporates a balance of outreach, prevention, and treatment efforts that work together to minimize gambling's potential negative impacts on individuals, families and communities, while recognizing gambling's availability, cultural acceptance and economic appeal.

***IDPH contracts with ten agencies to provide problem gambling prevention and treatment services in eleven service regions that together encompass all 99 Iowa counties.*** Problem gambling treatment programs must be licensed by IDPH and are selected for contracting through a competitive request for proposals process.

<b>Problem Gambling Signs and Symptoms</b>
1. Preoccupation with gambling
2. Need to gamble with increasing amounts of money in order to achieve the desired excitement
3. Repeated unsuccessful efforts to control, cut back or stop gambling
4. Restlessness/irritability when attempting to cut down/stop gambling
5. Gambling as a way to escape
6. After losing money gambling, returning another day to "get even"
7. Lying to conceal the extent of gambling
8. Committing illegal acts to finance gambling
9. Jeopardizing/losing significant relationships because of gambling
10. Relying on others to provide money to relieve financial problems caused by gambling

Funded problem gambling services include:

- **Counseling** for problem gamblers and those affected by the gambling of a family member
- **Primary prevention and education** services on the risks and responsibilities of gambling
- **Secondary prevention** services for groups at increased risk of problem gambling
- **Helpline referral and education** services through 1-800-BETS OFF and [www.1800betsoff.org](http://www.1800betsoff.org)
- **Recovery support services** to provide practical support and assistance for persons receiving problem gambling counseling.
- **Training and professional development** for counselors providing treatment for problem gambling and common co-occurring disorders, such as substance use and mental health problems.

Phone- and web-based counseling – defined as “distance treatment” – is available for eligible persons with barriers to accessing face-to-face treatment services.

### Prevention and treatment services provided

Fiscal Year	# of Prevention Hours	# of Clients Treated	# of Gambling Calls to 1-800-BETSOFF Helpline	Traffic to 1800betsoff.org
2005	3,447	1,009	2,756	-
2006	3,500	1,205	3,297	-
2007	5,963	1,146	3,613	-
2008	4,814	940	3,820	-
2009	5,816	905	3,435	-
2010	9,077	948	3,942	-
2011	7,435	789	3,695	6,156
2012	6,602	728	4,029	13,599

### Funding

IDPH receives an appropriation from the State General Fund for problem gambling services. ***Total budgeted expenditures for FY2013 are \$3,116,614.***

IDPH Problem Gambling Services State Fiscal Year Budget				
ACTIVITY	2013 (est.)	2012	2011	2010
Treatment Services	1,083,439	819,437	1,080,645	2,397,367
Prevention Services	1,073,512	908,837	864,532	
Transitional Housing	-	-	79,560	263,050
Recovery Support Services	141,083	36,106	-	-
Helpline	84,460	80,440	77,382	82,300
Surveillance (BRFSS)/ Treatment Outcome Monitoring	110,800	38,679	111,737	105,500
Health Promotion	221,000	200,000	350,700	680,000
Study of Internet Poker (SF 526)	-	-	2,500	-
Training/Professional Development	64,536	333,832	38,042	79,000
Data Reporting System	65,875	105,184	177,000	206,000
IDPH Administration Costs	271,909	519,108	406,902	263,918
Appeal Board Claims	-	-	33,897	-
<b>TOTAL</b>	<b>3,116,614</b>	<b>3,041,623</b>	<b>3,222,897</b>	<b>\$4,077,135</b>

### FY 2013 Problem Gambling Treatment and Prevention Services



### Gambling prevalence

In 2011, IDPH provided funding to the University of Northern Iowa Center for Social and Behavioral Research (UNI-CSBR) to conduct a study of the gambling attitudes and behaviors of adults in Iowa. The purpose of the study was to gather information about 1) types and frequency of gambling activities, 2) prevalence of problem gambling, and 3) awareness of and opinions about publicly-funded gambling treatment services. The questionnaire was completed by a random sample of 1,700 adult Iowans.

#### Gambling rates among adult Iowans:

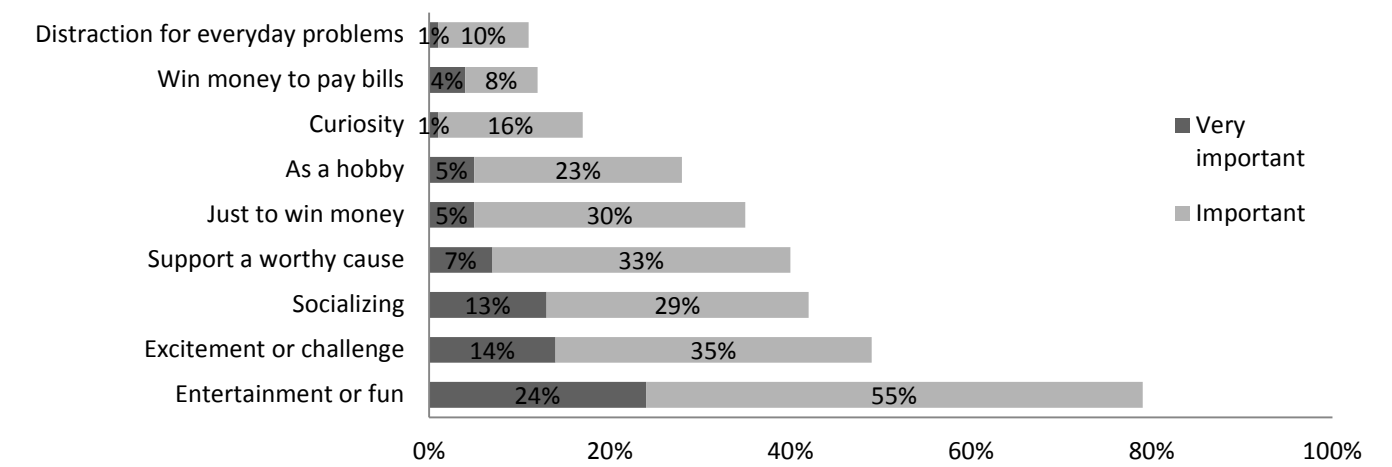
The prevalence rates of gambling in any form among adult Iowans were: 91% lifetime, 69% during the past 12 months, and 42% during the past 30 days. The most common gambling activities during the past 12 months were: raffle tickets (42%), Lottery tickets (38%) and slot machines (24%). About half of adult Iowans said they seldom gamble and 4% said they gamble often or very often.

#### Problem gambling prevalence among adult Iowans:

The percentages of adult Iowans who reported experiencing at least one symptom associated with problem gambling in their lifetimes and during the past 12 months were 14.5% and 12.1% respectively. Men were significantly more likely than women to report having experienced any gambling problems. Two percent of adult Iowans in their lifetime and .6 percent in the past 12 months have met the criteria as a pathological gambler.

### Reasons for gambling

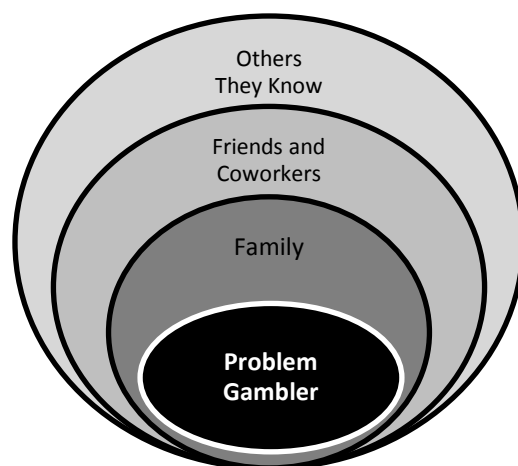
The main reason adult Iowans gamble is for entertainment or fun (79%) followed by excitement or challenge (49%). Other reasons are indicated in the chart below.



### Impact of problem gambling on others:

The negative physical, emotional and financial consequences of problem gambling can spread to affect family, friends, coworkers and others. More than 1 in 5 adult Iowans (22%) said they have been negatively affected by the gambling behavior of a family member, friend, or someone else they know. Specifically, those who said they were negatively affected were as follows:

- Negatively affected by a family member's gambling: 9%
- Negatively affected by a friend/coworker's gambling: 11%
- Negatively affected by gambling behaviors of someone else they know personally: 15%



About 1 in 3 adult Iowans (34%) who have ever experienced any symptoms of problem gambling said they had personally been negatively affected by someone else's gambling behavior.

### **Treatment effectiveness**

Problem gambling treatment outcomes are monitored and analyzed by UNI-CSBR. The 2013 Iowa Gambling Treatment Outcomes System: A Paired Sample Analysis of Treatment Outcomes found significant improvements for persons who received state-funded treatment. Highlights from the report include:

- Gambling losses in the past 30 days: Among respondents who completed treatment, the percent who reported losses of \$500 or more in the past 30 days decreased from 47% at admission to 4% at discharge and 7% at follow-up.
- Change in gambling activities: At six-month follow-up, about 90% of respondents said their gambling activities were much less now compared to when they entered treatment
- Change in financial situation: 73% of respondents who completed treatment and 64% of respondents who left without completing treatment said their financial situation was better now than it was when they entered treatment.
- Current problem gambling symptoms: The number of symptoms respondents experience dramatically decreased between admission (4.7) and when they completed treatment (0.5).
- Changes in quality of life: 54% of those who completed treatment strongly agreed their life was better 6 months following treatment compared to when they entered treatment.

### **Prevention First: equipping Iowans to understand the risks and responsibilities of gambling**

To maximize the benefit of gaming in Iowa, we must at the same time minimize the potential harm. Problem gambling prevention services inform Iowans of the risks and responsibilities of gambling. This work takes place on many fronts. Examples include:

- a multi-media health promotion campaign to encourage Iowans to evaluate their gambling behavior and seek help if they have a problem
- educating employers about the cost of problem gambling to their businesses
- partnerships with state-regulated casinos to provide training to employees and education and information to patrons
- partnership with the Iowa Lottery to inform players that problem gambling help is available
- prevention efforts through schools for youth who are considered a high risk group

The multi-faceted prevention program has resulted in a state that is well-equipped to realize the benefits of regulated gaming and understand the potential harm that comes with it. For example:

- Despite a significant increase in gambling options in Iowa, there has been a slight decrease in the prevalence of pathological gamblers from 1995 to 2012<sup>1</sup>
- Approximately two-thirds of adult Iowans say they are extremely or moderately confident that they would recognize the signs that a friend or family member has a gambling problem
- 90% of adult Iowans are aware of the 1800-BETS OFF Helpline
- 94% of adult Iowans admire the courage of people who seek help for a gambling problem
- 79% of adult Iowans say it would be very easy or fairly easy to talk with someone if they have a gambling problem.
- Nearly 1 in 4 (24%) of those who have experienced one or more problem gambling symptoms during the past 12 months said they have talked with someone about their gambling.

### **IDPH efforts to increase service accessibility and efficiency**

In FY2012, state-funded problem gambling services were provided to approximately 3.4%<sup>2</sup> of Iowans with a pathological gambling disorder. This is significantly greater than the average of other states with publicly-funded problem gambling treatment (0.42%)<sup>3</sup> but illustrates a significant gap between those who need services and the actual number served. To narrow that gap, IDPH continues to work with our contractors to create a more efficient network of care that reaches Iowans in need of treatment. One example is the enhancement and expansion of standardized statewide distance treatment options. While it's not feasible to offer treatment in every Iowa community, phone- and web-based options help Iowans with distance or other barriers to face-to-face treatment get the help they need.

### **Service system transition plan**

Three years ago, IDPH initiated a transition to a comprehensive and integrated resiliency- and recovery-oriented system of care for Iowans with addictive disorders. This system transition focuses on coordination and collaboration across problem gambling and substance use disorder prevention, treatment, and recovery support. All efforts are consistent with the 2008 legislative directives in SF 2425 and HF 811 and with state and national healthcare reform to-date. Below is a listing of specific system transition categories with representative examples of progress made:

- Program licensure standards – separate problem gambling and substance use disorder program licensure standards were combined into one integrated set of standards effective July 1, 2010
- Practitioner credentialing – the integrated program licensure standards specify basic requirements for problem gambling and substance abuse treatment staff
- Training/professional development
- Local collaboration
- Funding and funding methodologies – problem gambling reimbursement rates and methodologies were aligned with substance abuse services effective July 1, 2011
- Services and supports – the problem gambling services approach to distance treatment is being implemented in substance abuse treatment settings
- Outcome and performance measures

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<sup>1</sup> Black et al., *Prevalence of problem gambling in Iowa: Revisiting Shaffer's adaptation hypothesis*, *Annals of Clinical Psychiatry*, vol 24 no. 4 (2012)

<sup>2</sup> Based on an estimated past year pathological gambling prevalence rate of .06% (Gonnerman, M. E., Jr. & Lutz, G. M. (2011) and the 2011 U.S. Census Bureau Population Estimates for Iowa.

<sup>3</sup> 2010 National Survey of Publicly funded Problem Gambling Services, Association of Problem Gambling Service Administrators.

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